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NAME:	DATE:
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ALCOHOL USE QUESTIONNAIRE (ADS)

The questions in this booklet are about your use of alcohol during the past 12 months.

INSTRUCTIONS

- Carefully read each question and the possible answers provided. Answer each question by circling the ONE choice that is most true for you.
- 2. The word "drinking" in a question refers to "drinking of alcoholic beverages."
- 3. Take as much time as you need. Work carefully, and try to finish as soon as possible. Please answer ALL questions.

If you have difficulty with a question or have any problems, please ask the questionnaire administrator.

PAGE ONE

These questions refer to the past 12 months

- 1. How much did you drink the last time you drank?
 - a. Enough to get high or less
 - b. Enough to get drunk
 - c. Enough to pass out
- 2. Do you often have hangovers on Sunday or Monday mornings?
 - a. No
 - b. Yes
- 3. Have you had the "shakes" when sobering up (hands tremble, shake inside)?
 - a. No
 - b. Sometimes
 - c. Almost every time I drink
- 4. Do you get physically sick (e.g. vomit, stomach cramps) as a result of drinking?
 - a. No
 - b. Sometimes
 - c. Almost every time I drink
- 5. Have you had the "DTs" (delirium tremens) that is, seen, felt or heard things not really there; felt very anxious, restless, and over-excited?
 - a. No
 - b. Once
 - c. Several times

PAGE TWO

7. As a result of drinking, have you felt overly hot and sweaty (fever-

6. When you drink, do you stumble about, stagger, and weave?

a. No

ish)?

b. Sometimesc. Often

	a.	100
		Once
	c.	Several times
8.	As a result	of drinking, have you seen things that were not really
	there?	
		No
		Once
	c.	Several times
9.	Do you pan need it?	ic because you fear you may not have a drink when you
	a.	No
		Yes
10.	Have you h	ad blackouts ("loss of memory" without passing out) as a inking?
	a.	No, never
	b.	Sometimes
	c.	Often
	d.	Almost every time I drink

PAGE THREE

12. After a period of abstinence (not drinking), do you end up drinking

11. Do you carry a bottle with you or keep one close at hand?

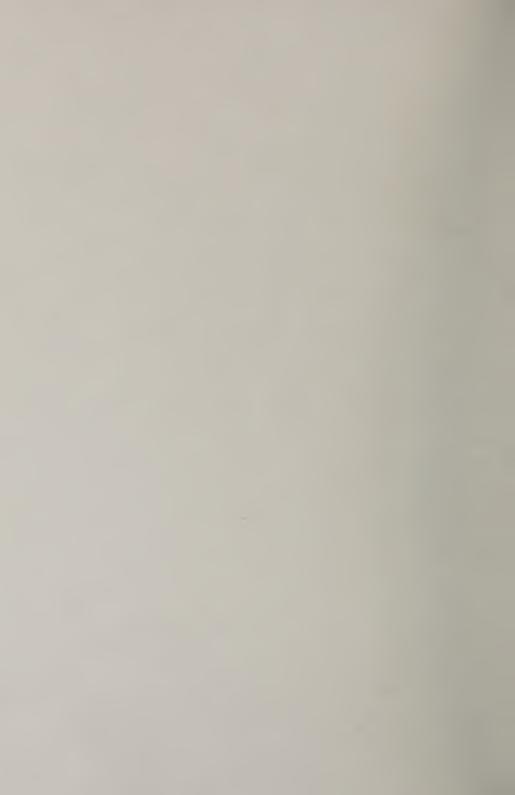
a. No

b. Some of the timec. Most of the time

	heavily again?		
	a.	No	
	b.	Sometimes	
	c.	Almost every time	
13.	In the past 1	2 months, have you passed out as a result of drinking?	
	a.	No	
	b.	Once	
	- C.	More than once	
14.	Have you h	ad a convulsion (fit) following a period of drinking?	
	a.	No	
		Once	
	c.	Several times	
15.	Do you drii	nk thoughout the day?	
	ą.	No	
	b.	Yes	

MORE -





PAGE FOUR

16. After drinking heavily, has your thinking been fuzzy or unclear?

b. Yes, but only for a few hoursc. Yes, for one or two daysd. Yes, for many days

a. No

17.	As a result of drinking, have you felt your heart beating rapidly?	
	a. Nob. Oncec. Several times	
18.	Do you almost constantly think about drinking and alcohol?	
	a. No b. Yes	
19.	As a result of drinking, have you heard "things" that were not really there?	y
	a. No	
	b. Once c. Several times	
20.	Have you had weird and frightening sensations when drinking?	
	a. No	
	b. Once or twice	
	c. Often	
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MORE -

PAGE FIVE

21.	As a result of drinking, have you "felt things" crawling on you that were not really there (e.g. bugs, spiders)?		
	b.	No Once Several times	

- 22. With respect to blackouts (loss of memory):
 - a. Have never had a blackout
 - b. Have had blackouts that last less than an hour
 - c. Have had blackouts that last for several hours
 - d. Have had blackouts that last for a day or more
- 23. Have you tried to cut down on your drinking and failed?
 - a. No
 - b. Once
 - c. Several times
- 24. Do you gulp drinks (drink quickly)?
 - a. No
 - b. Yes
- 25. After taking one or two drinks, can you usually stop?
 - a. Yes
 - b. No